"FEE ADDRESS" INDICATION FORM

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INSTRUCTIONS: The issue fee must have been paid for application(s) listed on this form. In addition, only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be established when correspondence related to maintenance fees should be mailed to a different address than the correspondence address for the application. When to check the first box below: If you have a Customer Number to represent the fee address. When to check the second box below: If you have no Customer Number representing the desired fee address, in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.	
For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:	
Customer Number: 22971	
OR	
The attached Request for Customer Number (PTO/SB/125) form.	
PATENT NUMBER (if known)	APPLICATION NUMBER
7,444,587	09/675,688
Completed by (check one):	
Applicant/Inventor	Signature
✓ Attorney or Agent of record34618 (Reg. No.)	Daniel L. Hayes Typed or printed name
Assignee of record of the entire interest. See 37 CFR 3. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	71. 509-944-4712 Requester's telephone number
Assignee recorded at Reel Frame	5/13/2011
Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more that one signature is required, see below.	
*Total offorms are submitted.	

This collection of information is required by 37 CFR 1.353. The Information is required to obtain or retain a benefit by the public which by 16 (figer by the USFTO) to processe) an application. Confidentiality is governed by 39 US. 0.1.22 and 37 CFR 1.11 and 1.14. This collection is exclaimed for late of minutes to complete, on complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the minuted of time you require to complete this form androit of time vary applications for modeling this burden, should be sent to the Chile Information Officer. U.S. Patient and Trademan Office, U.S. Depart ment of Commerce, P.O. Box 1450, Max andria, VA 2233-1450, DOMT ESTOR COMPLETE D FORMS TO THIS A DDRESS. SEND TO. Mall Stoph to Correspondence, Commissioner for Patients, P.O. Box 1459, Alexandria, VA 22313-1450.